

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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QUARTERLY PROGRESS REPORT

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I. PROGRAM HIGHLIGHTS: JULY— SEPTEMBER 2011

The project continued with implementation of program activities as planned. The section below provides key highlights of this quarter from the HRH district strengthening, HRIS and MVC project management components.

Central and District HRH Strengthening and Development

- THRP contracted an external consultant to review the MOHSW draft staffing guidelines document. Initial findings indicate a need to strengthen the quality of the information and MOHSW needs to harmonize simultaneous efforts (one lead by the HR Department and the other by the Department of curative Services) to present staffing guidelines.
- THRP continued to support two seconded consultants to the MOHSW. The consultants undertook a training needs assessment for HRH SO team leadership and identified areas for improvement. BMAF with MSH technical assistance to address the gaps next quarter.
- BMAF developed 16 additional HRM District Strengthening trainers in Mwanza, with support from MSH. The TOTs facilitated HRM training for 34 LGAs from the Lake Zone (Mwanza, Shinyanga, Mara and Kagera) and Ruvuma. 326 district managers participated including representation from FBOs facilities.
- BMAF coordinated a second round of coaching and mentoring in the Iringa, Mtwara and Lindi regions. POPSM representatives participated in this round. The exercise will be completed by the end of October.
- The draft report defining Multi-sectoral criteria for underserved areas is in review.
- BMAF continues to raise HRH issues in the media. The organization developed a media insert titled *Absorption of Health Professional Graduates to the Public and Private sector Employment: What Is the Status?* And printed 30,000 copies, 30% of which were distributed through daily newspapers, the Mtanzania newspapers. Additional copies were distributed in Morogoro and Iringa during the orientation of new staff under the Global Fund Round nine project.
- BMAF supported a *knowledge sharing* forum in Iringa bringing together district officials from the eight districts in the region, MOHSW representatives and participants from the POPSM employment Secretariat. Issues discussed included how to improve district-level recruitment and retention which will in turn be shared with respective central level institutions contributing to policy discussions.
- BMAF and IntraHealth are preparing for the roll-out of a work climate initiative. Following district selection, BMAF will collect baseline information and verify identified districts next quarter.
- The final three students, of AKU's program to upgrade enrolled nurses (EN) to registered nurses (RN) through a work-study program for students from Mtwara and Lindi Regions, repeated the semester and took the MOHSW; the results are expected in October 2011.

- AKU's enrichment program to upgrade the Form IV qualifications of nurses started with 26 students in July, with the target of 40 reached by the end of August. Acceptance letters have been received for 38 students and follow up is being made for the remaining two.
- AKHS have commenced the second year of in-service training activities for nurses in Iringa region. Following the approval of the training curriculum in the second quarter, 30 participants were trained this quarter.

Establishing a Functional Comprehensive Human Resource Information System (HRIS)—public sector (with PMO-RALG), MOH/Zanzibar and private sector

- Reviewed LGHRIS data quality in four districts in Iringa. Entering personnel data correctly will be an ongoing management challenge for PMO-RALG and the LGAs. The THRP has introduced a number of ways to strengthen the potential for accurate data entry. The LGA staff experience the LAWSON and LGHRIS systems as very complementary and see the need to link these systems; there is less collaboration with the MOHSW HRHIS.
- Deployed LGHRIS in Coast and Dar es Salaam regions in collaboration with UDSM and PMO-RALG. The activity involved management sensitization, system installation, user training and data entry. This increased LGHRIS coverage from 21 to 32 LGAs and five Regional Secretariats.
- In Zanzibar, the HRD underwent an effort to synchronize HRIS data with personnel data maintained in paper files by the Personnel Unit. The HRIS in Zanzibar has shifted to a new phase with a focus on data use on a regular basis. Recently HRD staff has answered numerous questions that surfaced during MOH budget discussions.
- Prepared an abstract "*Tracking Health workers—A Zanzibar Case Study*" for the ECSA Ministers of Health conference, specifically for the technical forum on Best Practices in HealthCare. Developed in close collaboration with the HR Department of the MOH
- CSSC signed MOUs with BAKWATA and APHFTA for HRIS implementation. They installed HRIS appliances at BAKWATA and APHFTA home offices and in three APHFTA Zones. Data entry will start next quarter.
- CSSC successfully installed the THRS system and trained staff at nine FBO hospitals. Selection criteria for the facilities included the availability of the internet and of a back-up power source (generator).
- CSSC successfully responded to recent MOHSW request for FBO data on different cadres and the number of staff employed in the year 2010 and 2011.

Development of a Cadre of Para-Social Workers

- Trained 506 new PSWs and 105 PSW Supervisors in Njombe, Ludewa and Makete districts.

- Assisted Measure Evaluation DQA visits to Mwanza and Dodoma to assess PSW program data collection and reporting within the LGA system
- Conducted two annual dissemination meetings for the MVC program. The first in Dar es Salaam was to accommodate NGO representations from the MVC implementing Partners Group with a focus on raising awareness and expanding an understanding of the need for basic social welfare services in the community provided by a PSW in the absence of other professionally trained Social Workers. The partners appreciated the role of PSW in supporting MVC and recommended harmonization/coordination of the different volunteers working in the same community and revising criteria for selecting PSW to enable more volunteers to be enrolled in the program.

The second meeting was with 100 LGA representatives from districts in Dodoma, Mwanza, and Iringa and from Tandahimba in Mtwara. The Principal Secretary of PMO-RALG opened the meeting with an emphasis on the needs of MVC and the LGA responsibilities towards meeting these needs. The LGA shared the success and challenges in implementing PSW program. Key success include – linking MVC to basic social welfare services, participating in MVC identification process, PSW are utilized by local NGO supporting MVC. The main challenges remain to be lack of incentives and transport facilities to PSW and high drop outs in some wards.

- Established district advocacy teams in the eight districts of Iringa. The district teams were trained on advocacy and each district developed advocacy action plan for advocating for support to MVC and PSW from MVC implementing councils in their councils.
- Conducted MVC baseline assessment in three districts of Iringa. The preliminary findings indicated only Njombe TC set aside resources to support MVC in FY 2010/11. Ninety percent of the village visited have initiated funds to support community activities for sustainability and no district had advocacy strategy for supporting MVC. The report will be finalized and shared next quarter.

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is a four-year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce composed of a complex system of public and private professional and paraprofessional cadres and those in the non-formal sector.

The project strategic objectives are:

- To assist the MOHSW and PMORALG in the implementation of the human resources for health (HRH) strategy and the human resource components of the Health Sector Strategic Plan (HSSP) III, as requested by the MOHSW.
- To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- To increase the productivity of the health and social welfare workforce.

THRP implementing partners

IntraHealth International (prime partner),
Benjamin Mkapa AIDS Foundation (BMAF)
Christian Social Services Commission (CSSC)
University of Dar es Salaam (UDSM)
Agakhan Foundation (AKF)
Management Sciences for Health (MSH)
Training Resources Group (TRG)
Inter-church Medical Association (IMA)

The project strategy focuses on:

- Supporting the MOHSW to implement the HRH strategic plan;
- Development of a comprehensive HRH strengthening program that will provide district managers with the needed tools and competencies to identify and tackle their own HRH problems;
- Establishing a comprehensive HRIS system to provide routine HR data of health workers for decision makers in the public and private sectors; and
- Building capacity of the social welfare workforce on provision of quality health care services to address the need of MVCs.

The following quarterly report is organized by project strategic objective as identified in the original application document with each of the project components presented accordingly; each component contributes to each strategic objective. THRP has four project components: 1) Support to national government; 2) District HRH strengthening and development; 3) Establishing a functional comprehensive HRIS; and 4) Development of a cadre of Para-social Workers to address the needs of MVCs. The challenges, opportunities and the way forward are discussed by objective in Section III below.

This report also includes an update on the capacity building activities with key local organizations and sections on monitoring and evaluation activities and program management.

III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

Objective 1: Assist the MOHSW and PMORALG to orchestrate the implementation of the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW or PMORALG (A)

A.1. Support to National Level Government in HRH

THRP project through BMAF continued to support MOHSW to implement HRH strategic plan. The project supported the development and an external review of the draft staffing guidelines; supported capacity building for the Strategic Objective leadership of the HRH Working Group and continued to disseminate HRH news to stakeholders to raise awareness on HRH issues.

External review of draft national staffing guidelines. BMAF continued to support the Division of Human Resource Development (DHRD) in revising the national staffing guidelines. A local consultant produced a draft document which incorporated inputs from various stakeholders including MOHSW Management team, HRH working group, PMORALG, POPSM, and LGA staff. IntraHealth engaged an external consultant to review the quality and applicability of the draft. The consultant identified another exercise to develop staffing guidelines as part of the development of a National Package of Essential Health Interventions (NPEHI) led by the Department of Curative Services. She recommended that the two departments meet to harmonize their efforts consistent with national priorities, and recognize the differences in the types of health workers and proposed number by facility type. The DHRD draft staffing guidelines could provide short-term guidance (e.g. for the next five years) to meet government's key health policy priorities while the NPEHI guidelines provide a more ideal standard. Overall, the consultant expressed concern about the feasibility of reaching proposed staffing levels by 2017. The consultant recommended a number of areas to improve the quality of guidelines including: consistent format for the document and tables therein, recalculate staffing levels, determine consistent job titles, and apply workload-based criteria, whenever possible. She recommended developing tables in a spreadsheet format to facilitate the calculations.

Building capacity of the MOHSW HRH Working Group. THRP continues to support two secondments to the MOHSW. Dr. Jensen and Mr. Kasale work assessed the training needs of the HRH strategic objective teams identifying gaps in organizational skills, meeting management, and leadership skills. BMAF in collaboration with MSH will develop a four-day workshop to address the identified gaps. The workshop is scheduled to take place in Morogoro in October, 2011. Furthermore, the secondments facilitated the Ministry's Health System Strengthening team to develop systems for managing (terms of reference, indicators identified, reporting mechanisms) the Global Fund HRH program; and supported the planning for the JAHSR technical review.

Dissemination of HRH News. BMAF continues to raise HRH issues in the media. It developed a news insert titled, *"Absorption of Health Professional Graduates to the Public and Private sector Employment: What Is the Status?"* The news insert was reviewed and approved by MOHSW prior dissemination. A total of 30,000 copies were printed of which 30% (10,000 copies) were distributed through daily newspapers. Additional copies were distributed in Morogoro and Iringa during the orientation of new health staff hired by BMAF under the Global Fund R9 program.

A.2. Establishing a Functional Comprehensive Human Resource Information System

During this reporting period, activities focused on national advocacy (PMORALG and MOHSW) for HRIS implementation at district level, support for national HRIS deployment on mainland and Zanzibar. PMO-RALG has continued to support and lead project implementation at LGA level. CSSC successfully drew upon its HRIS to respond to a MOHSW request for FBO staffing information.

The major challenge continues to be the dynamic of parallel HR information system initiatives; each affiliated with a different URT ministry, and designed to collect HR data from the LGAs despite of ongoing efforts to harmonize the systems. The team is working on a data flow proposal to illustrate how data can be shared. Other challenges continue to be the limited number of IT staff to support the national rollout out of the HRIS, and problems with the quality of HR data in both the public and private sector systems. IntraHealth will continue to work with PMO-RALG, the LGAs and the private FBO sector to customize the database for easy use, address data quality and personnel challenges in HRIS implementation.

Advocacy, coordination and collaboration with PMO-RALG. PMO-RALG political will is exceedingly high. Although the original project framework had an HRH focus, the current HRIS initiative comprehensively addresses the multi-sectoral needs of the URT in general and PMO-RALG in particular. The Principal Secretary, Mr. Katanga, has taken a special interest in seeing the HRIS, renamed *LGHRIS*, succeed; he wants to fast track *LGHRIS* deployment and for the project to actively engage the regional secretariats. He acknowledges and is looking for creative solutions to LGA deployment challenges including insufficient computing infrastructure, data entry challenges, poor data quality, need for LGA ICT officers and lack of data sharing agreements with other existing HR systems. He is committed to engaging with POPSM and MOHSW directly though it is unclear how this communication filters down to line offices in all ministries. PMO-RALG staff actively participated in developing the annual workplan and budget for this THRP component.

PMO-RALG, with THRP support, conducted a meeting with LGA Human Resource Officers and Regional Local Government Officers from Iringa Municipal, Lindi Municipal, Kondoa, Makete and Tandahimba Districts in September to share progress and advocate for HRIS support with district leadership. Despite consistent implementation challenges across all districts (data entry staff shortage, poor data quality from paper-based personnel files, lack of computing infrastructure and lack of incentive challenges) those with committed LGA leadership and dedicated ICT Officers perform the best. PMO-RALG categorically identified the HROs as the custodians and managers of *LGHRIS* and indicated that they are to engage in the implementation process as well as utilizing the entered data for planning, management and decision making.

Local Government Human Resource Information System (LGHRIS). The UDSM Computer Sciences Department programmers continue to customize various components of the system as the national HRH portfolio is so dynamic. For example, the government has issued new titles for civil servants. The UDSM team will work with a task force composed of programmers, PO-RALG representatives and LGA HR officers to clarify the titles (and consistency with government circulars) prior to customizing the system to match new requirements.

UDSM and IntraHealth provided the technical assistance along with PMO-RALG staff to ensure the continued functioning of the LGHRIS. The team provided site support in Kondoa, Dodoma, Iringa and Ludewa. The focus was to resolve system connectivity issues, appliance configuration and data management. Much of this systems support occurred during a THRP data quality audit to four districts in Iringa. It proved to be a good practise for the M&E team to be accompanied by a programmer. (DQA visit discussed below in M&E section.) UDSM has also set up a help desk in Dodoma whereby a HR officer has been appointed to receive, allocate/forward the requests for support. The help desk has a ticketing system upon which the officer will enter the requests and assign a person from the pool of UDSM programmers and PMO-RALG ICT officers for action.

HRIS data utilization at national level. HRIS project efforts are showing some success in both public and private sector. This quarter, CSSC provided data to the MOHSW to complement information for staff employed in 2010 and 2011 within the FBO sector. CSSC with IMA technical support is currently developing a data use and implementation plan to guide the generation of standard reports for national and district-level HRH stakeholders.

IHRIS implementation in Zanzibar. The THRP continues to provide ongoing technical support to the MOH/Zanzibar for data importation and report customization to meet HR reporting needs. The MOH Human Resource Department (HRD) underwent an effort to synchronize HRIS data with personnel data maintained in paper files by the Personnel Unit. The exercise was to ensure that all staff are correctly recorded in the electronic system before formally dropping the manual paper-based system. Of note:

- 3461 employees were in the Personnel Unit files; only 3438 were in the HRIS;
- 328 employees recorded in HRIS were not in the paper-based personnel data due to misspelled names or to incorrect cadres listed during last year's survey;
- 395 employees were in the personnel data files but not in the HRIS; they need follow-up to ascertain why absent (retirement, study leave, leave without pay or other); and
- Five employees still recorded as active but had left the ministry years earlier.

The HRIS in Zanzibar has shifted to a new phase with a focus on data use on a regular basis. Recently HRD staff has answered numerous questions that came up during the MOH budget discussions. THRP in collaboration with HRD has started planning for a HRIS data-use workshop for HR managers and District Directors to strengthen an understanding of the information available from their HRIS and apply it for making evidence-based decisions.

THRP in collaboration with MOH/Zanzibar HRD prepared an abstract "*Tracking Health workers—A Zanzibar Case Study*" for the ECSA Ministers of Health conference to be held in Kenya for the technical forum on Best Practices in HealthCare.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce (B)

B.1. District HRH Strengthening and Development

The major focus of the quarter was to develop another group of local HRM experts and conduct the HRM training for LGA leadership in 35 districts of the Lake Zones and Ruvuma, organize a regional forum for sharing best practices in HRH, and complete a trend analysis for FY 2010/11 and 2011/12 CCHP budget allocations.

HRH advocacy at district and regional level. BMAF organized a two day knowledge sharing forum in Iringa in September for 36 participants from the eight district councils of Iringa region. BMAF successfully managed central level representation from the POPSM Employment Secretariat and the MOHSW. HRH issues discussed included how to improve recruitment and retention of health workers at district level. To strengthen recruitment, participants recommended that HRH stakeholders sponsor training for candidates who are residents from respective areas and institute some sort of bonding or commitment system. POPSM should circulate the circular for recruitment of those older than 45 years to all LGAs; HROs should proactively follow up with relevant POPSM officers on the status on approval of recruitment permits.

The participants recommended efforts to provide salary advances to new staff and capture the data in the master payroll; timely payment of statutory relocation benefits to new staff and speed up the implementation of the Lawson system into LGA's which will hasten the process of enrolling new staff into the national payroll system.

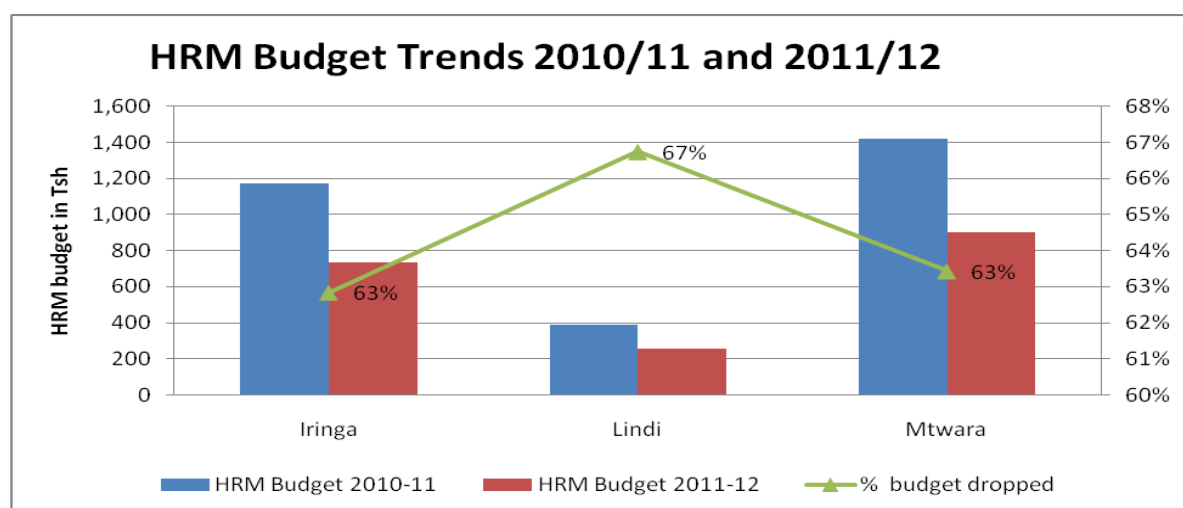
To address retention issues, participants advocated for community involvement to ensure there is provision of houses for staff, improve the work environment including transport facilities, working tools, training support, orientation of the new staff using the newly developed national orientation guideline and using available financing opportunities for support local initiatives such as sponsoring students willing to work in the respective LGA's.

BMAF will bring these recommendations, among others, forward to national level forums. BMAF will finalize the report and shared with key stakeholders for action next quarter.

CCHP Review for HRM budget allocation. An analysis of the Comprehensive Council Health Plans for 20 districts shows significant reduction of budget allocated for HRM activities in LGAs in 2010/12 compared to 2011/12. The general budget for HRM activities dropped by 67% in 2011/12 in Lindi Region and by 63% in Mtwara and Iringa regions. When a second analysis of the budget figures excluding salary and staff benefits (personnel emolument) the budgets still dropped. The councils reported the major reason for budget reduction was compliance with an MOHSW directive to remove training activities from the 2011/12 budgets.

The findings suggest that training contribute to more than 50% of budgeted HRM activities in most of the district councils. The findings highlight the need to advocate for on-the-job support, supportive supervision, orientation, and OPRAS implementation outside of a workshop or

classroom setting. THRP will disseminate these findings with relevant stakeholder and continue to advocate on the importance of allocating funds for non-financial incentives for retention and ways to improve the work environment.



Source : LGA Comprehensive Council Plans for 2010/11 and 2011/12

BMAF has postponed an analysis of staffing levels within the CCHP. It has become evident that the poor quality and inconsistency of staffing data in the CCHPs continues to be a challenge. A functional HRIS at district level continues to be the best solution for quality HR staffing level data.

B.2. Establishing a Functional Comprehensive Human Resource Information System

The major focus for this quarter was further deployment of LHRIS to an additional 13 LGAs, examining the status of HRIS implementation and quality of data in the selected LGAs in Iringa region and ongoing support to the district and Zanzibar in addressing hardware and software problems.

Last quarter, HRIS implementation in private sector primarily focused on supporting data quality and procurement of HRIS appliances for CSSC health facilities, Bakwata and APHFTA sites. This quarter CSSC finalized an MOU each with BAKWATA and APHTA. CSSC distributed its HRIS newsletter to key HRH stakeholders within the FBO community. Data utilization continues to be a focus of the project. Efforts are being undertaken to develop a consistent list of health worker to generate reports for data use.

The major challenges facing HRIS implementation in both the public and private sectors continues to be inadequate personnel dedicated to HR and ICT, infrastructure limitations, data accuracy and capacity to analyze and generate reports for decision making. Unreliable electricity in Tanzania is also hampering smooth implementation of HRIS. The project is working with PMORALG and CSSC in addressing these challenges.

HRIS implementation in the Public Sector

LGHRIS technical deployment. To meet PMO-RALG expectations the UDSM technical team deployed LGHRIS to 13 additional sites in the districts of Dar es Salaam and Pwani and to the Regional offices in Iringa, Lindi and Mtwara Regions. This brings total LGHRIS coverage to 32 LGAs and 5 Regional Secretariats to date. UDSM led the installation process with PMO-RALG regional ICT officers from each region; a capacity building strategy. At the time of installation, a day is dedicated to sensitizing LGA management five days are for training users in overall system navigation, data entry and simple system support. 195 people were oriented on THRIS; an average rate of 15 people per site.

LGHRIS implementation quality and status. IntraHealth lead a joint monitoring team to four LGAs in Iringa MC, Iringa DC, Njombe DC and Njombe TC to assess the system status and support improved quality of the information within. The team looked at system functionality, data entry processes, and data quality issues. They noted that not all the visited sites had started using data from the LGHRIS as they are still in the data entry phase.

System Functionality and Use. The team noted that all the four sites had the necessary hardware to support the LGHRIS functionality. Hardware includes the appliances, printers and at least one computer for data entry exercise. All the hardware is functioning well. One site reported that the printers distributed, although functioning well, were difficult and rather expensive to maintain.

The team worked with site staff to overcome a number of challenges encountered including generation of duplicate entries, slow system operation and missing cadres/titles. A UDSM programmer accompanied the team and resolved most of the systems issues on site. The team noted a best practice in Njombe TC; it circulated a revised Personnel Data form which improved the quality of data entry as compared to drawing the information from unorganized paper files.

Data Quality. The team identified a number of data quality issues including duplicate data and inconsistency in date of birth, PF number, check numbers and cadre. A number of important data is consistent missing or not entered on the system as it is not available in individual personnel file. The team observed that the newer sites (Njombe TC and Iringa DC) had better quality data than the old sites (Iringa MC, Njombe DC).

To minimize data quality issues the team recommended use of the revised Personnel Data forms and use of the cleaned personal data submitted to PO-PSM. Involving department staff in the data entry process (i.e. from Health and Education Departments) also improves the quality as they are able to cross check data easily though confidentiality needs to be protected. Engaging management support from the start and updating them regularly is critical. UDSM will continue to modify the system to meet user needs including adding fields, simplifying the data entry screen, and automate select quality control mechanisms. UDSM is finalize a guidance document for system operation.

The LGA staff experience POPSM's LAWSON system and the LGHRIS systems as very complementary. They noted the important link between these systems. There is less collaboration with the MOHSW HRHIS. A full report will be available next quarter

HRIS implementation in the Private Sector

HRIS deployment to FBO facilities. CSSC installed HRIS in nine FBO facilities affiliated with CSSC (out of 15 planned). The main criteria used to select these facilities were availability of power and internet connectivity. In the last quarter, CSSC equipped the facilities with computer hardware, printers and HRIS appliances. CSSC trained facility staff on HRIS navigation and data entry. CSSC will deploy HRIS in the remaining six facilities next quarter and continue to follow up HRIS implementation and provide support.

HRIS deployment to BAKWATA and APHFTA sites. CSSC successfully deployed HRIS at BAKWATA head office followed by training data entry clerks in database navigation and data entry. Next quarter, BAKWATA staff will collect HR data from their facilities and enter in the system. With APHFTA, CSSC installed the HRIS at the head office, and at facilities in the Lake, Southern and Northern Zones.

Data utilization. CSSC has provided data on FBO health staff to MOHSW management on an ad hoc basis. This quarter, CSSC provided summary data to the MoHSW showing the distribution of staff employed by cadre in 2010 and 2011.

CSSC needs to obtain the scheme of service for health staff to standardize job classifications (titles), cadres, and departments across each zonal system's database. CSSC is poised to upgrade its system, data and reporting configurations to comply with the new scheme of service.

Distribution of HRIS newsletter. CSSC distributed 750 newsletters highlighting the progress of HRIS implementation to THRP partners, CSSC zones and health other HRH stakeholders under the CSSC umbrella. The purpose of the newsletter is to maintain awareness of the HRIS among these stakeholders. A second issue is in process.

Objective 3: Deployment, utilization, management, and retention of the health and social welfare workforce improved (C)

C.1. District HRH Strengthening and Development

HRM training for new districts. BMAF with MSH technical assistance (William Kiarie) developed 16 additional HRM local experts/HRM trainers from Lake Zone and Ruvuma. The individuals were introduced to workforce planning, recruitment, orientation of the new staff using the National Package, performance management, OPRAS, professional development, retention, work environment, leadership as well as planning for improvement and gender in HRH. The participants used adult teaching methodologies to put these concepts into practice. With an eye to sustainability beyond THRP, the selected trainers are predominantly HROs and Health Secretaries working in the targeted districts. The new cadre of local experts has the advantage of already having a strong HRH orientation with the potential to extend their subsequent reach beyond the health sector, however they are less conversant with the health-specific HRH challenges facing their respective districts.

BMAF with IntraHealth technical assistance conducted five HRM trainings for the 34 Council teams from the regions of Ruvuma, Mwanza, Shinyanga, Mara, Kagera and Shinyanga (back-to-back training) between August and October. They conducted the five trainings in Iringa, Mwanza and Shinyanga for 326 participants including district managers from the 34 districts and health facility managers from FBO facilities under the CSSC umbrella. During the training, participants developed strategies to implement HRM activities in the FY 2011/2012 and drafted HRM action plans for the FY 2012/13. Each HRM plan will be presented as draft 1 to CHMT for inclusion in the coming CCHP FY 2012/13

Improve staff orientation. The national orientation package has been finalized and formatted consistent with government of Tanzania and THRP requirements. The package provides step by step guidance as to how to conduct orientation of new staff and make the staff feel welcome in the workplace. BMAF used the package during the recent HRM training for CHMTs from project districts in Mwanza, Kagera, Musoma and Ruvuma region. Next quarter, the document will be endorsed by MOHSW Principal Secretary and disseminated to 135 LGAs to be as a reference document while orienting new staff.

Incentive package for health workers. BMAF contracted a consultant to draft a model incentive package for health worker. The report recommended an approach to determine hard to reach areas and proposed generic financial and non-financial incentives that can be adopted by the district to motivate and retain the health workers. IntraHealth is reviewing the draft report. The document will be presented to key HRH stakeholders including POPSM, HRH working group and PMORALH for input and finalized

Tracking of newly posted health workers. BMAF worked in close collaboration with UDSM and the MOHSW Zonal Health Resource Centres to track new health workers posted in all districts on the mainland in FY 2008/9. The preliminary findings indicate that 5,159 (43%) of 11,912 posted in 2008/2009 staff reported to their duty stations. BMAF suggests several reasons as to the low percentage of staff who reported to their duty station including: graduates of long-term training may already be committed to a previous employment; new staff unwilling to work in hard to reach areas; and districts declining posted new staff posted if they were not of a priority cadre such as Medical Attendants.

Further analysis indicates only 13% (670) of the staff who reported in 2008/9 left. For those who did leave the reasons are consistent: delays to clear allowance claims; poor duty station working environment; poor infrastructure especially lack of essential social services; poor management support; and social or family reasons such as marriage. It will be of interest to look at the 87% who stayed at post to understand their reasons for staying. BMAF will disseminate the information from 2008/09 and 2009/2010 to relevant stakeholders and will facilitate mainstreaming the tracking tool into the MOHSW HRHIS.

Continuing Education Program (CEP) for nurses. AKHS trained thirty nurses in July through the CPE program. The topics covered included neurological assessment, cardiovascular assessment, abdominal assessment, and wound assessment. The training also reinforced hand washing techniques, universal precautions, management of sick children and nursing ethics. The participants were divided in groups for demonstration and redemonstration of the skills learned in the classroom. Pre- and post-test results indicate an increase in knowledge from a range of 36.7—63.3% range pretest to a range of 78—98% posttest. IntraHealth and AKF will make a joint visit

to select facilities in Iringa to monitor if the CPE program has contributed to nurse motivation and improve quality of service next quarter.

Upgrading enrolled nurses to registered nurses. The final three students, of AKU's program to upgrade enrolled nurses (EN) to registered nurses (RN) completed the program and took the MOHSW examinations. The results are expected in October 2011. AKU recruited 38 students for the enrichment programme to upgrade the Form IV qualifications. AKU has purchased the text books and laboratory reagents and initiated classes as planned. Attendance to date has varied from 38 in August to 30 in September. Follow-up is being made on absenteeism in order to address any matters arising.

C.2. Development of a Cadre of Para-social Workers (PSW)

The THRP activities within this program component mainly focused on program expansion in Iringa: completing the PSW trainings in Njombe and Makete and forming an advocacy team in each district. As the program expands, finding sustainable ways to maintain awareness of the role of the PSW at village level becomes increasingly important. The team also conducted the annual dissemination meetings in Dar es Salaam and Dodoma providing an opportunity for project stakeholders to deliberate project success and identify areas for improvement.

PSW program advocacy. The district advocacy teams previously formed in Dodoma and Mwanza region have been successful in advocating for support for PSWs in their districts: they have organized themselves to form branches of PSW network (PASONET) in Dodoma and Mwanza and have generated examples of community funds supporting MVC in wards. The THRP formed eight district advocacy teams in Iringa region, each with six members - District Social Welfare Officer, Community Development Officer (Gender and Children), Planning Officer, Education Officer (Special Education), Health Officer (Maternal and Child Health) and Council HIV/AIDS Coordinator (CHAC).

The newly-formed advocacy teams attended a workshop in Iringa Municipality to strengthen an awareness of their roles to advocate for support of MVC, build team advocacy skills, support each district in development of an advocacy strategy that reinforces their ownership of the MVC advocacy process and the program. The participants were also trained in the PSW program monitoring and evaluation system and on use of the advocacy reporting tools. Each district team developed an action plan with a commitment to allocate resources to support PSW and MVC. The project will support the districts to finalize and implement the action plans starting next quarter.

Para-social Worker and PSW Supervisor training. The project in partnership with ISW trained 506 Para-social Worker trainees (PSWT) from Njombe and Makete districts to equip them with skills to identify MVCs, conduct outreach activities and provide basic social welfare services to MVCs and their care givers. After the training, PSW trainees with support from the LGA and THRP will provide basic social welfare services to MVCs in their village for six months before attending a follow up training to become a certified Para-social Worker. THRP trained 105 PSW Supervisors from Makete and Njombe a key component to ensure the PSW trainees provide quality service to MVCs in their community and report quality data.

Objective 4: Increase Productivity of the health and social welfare workforce (D)

D.1. District HRH Strengthening and Support

Work Climate Initiative. BMAF and IntraHealth finalized a framework for the implementation of WCI intervention plan for supporting the districts that have initiated WCI interventions within their HRM action plan. The WCI baseline assessment and implementation of WCI intervention will start next quarter.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

MSH support in organization capacity building. MSH launched a few capacity building activities with CSSC and BMAF towards the end of this quarter. Most will be completed next quarter, as described below.

Christian Social Services Commission (CSSC).

Operations Manual for Zonal Offices. CSSC maintains offices in five zones across the country, and is making efforts to develop the capacity of each Zonal office in preparation for a larger and more independent role in program development and implementation. The Zonal Offices are at present quite small, with only a handful of full-time staff. To build their capacity, and to ensure a degree of uniformity across the five offices, CSSC asked MSH to help develop an Operations Manual that would lay out personnel, administrative and financial procedures in a straightforward manner. MSH engaged a local consultant, Prof. John Kessy, who had worked previously with CSSC to develop similar products for CSSC HQ, and he began his assignment in early June with a full-day meeting of Zonal and HQ staff in Dar es Salaam. The consultant visited three of the zonal offices to meet with CSSC staff and produced a draft manual for review by CSSC and MSH.

Draft Procurement Policies and Guidelines. CSSC is undergoing a period of significant programmatic and financial growth which, while desirable, does place strain on key systems that were initially designed and made operational under different conditions. CSSC requested MSH support for a review and likely revision of organizational guidelines for procurement. MSH identified a very highly qualified procurement expert with experience in both public sector organizations as well as the NGO sector, and he worked closely with CSSC senior management (primarily Finance and Management) to develop a comprehensive procurement guide for review by CSSC.

Provided editorial support for key documents. CSSC requested MSH support to review, edit, and improve formatting and presentation of the organization's annual report. MSH helped format and edit the annual report and also provided editorial and printing assistance for the ICT policy document that was developed previously.

Benjamin Mkapa HIV/AIDS Foundation (BMAF).

Finalization of ICT Policies and Guidelines: MSH assisted BMAF to develop draft ICT policies and guidelines in 2010, but the internal review by BMAF extended for quite some time. During the quarter, MSH re-engaged the previous consultant to incorporate BMAF feedback and, importantly, to use the occasion to work with BMAF's new ICT director who began work in late June. The MSH consultant finalized the document based on meetings at BMAF and feedback from MSH, and the document has now been printed and turned over to BMAF.

V. MONITORING AND EVALUATION

Training the newly-formed MVC advocacy teams in Iringa in the M&E system and tools; findings from HRIS data quality audit in Iringa region; and CCHP analysis were discussed under project components sections above. In addition:

Data quality assessment. USAID commissioned Measure Evaluation to assess IntraHealth's monitoring and evaluation system and quality of data produced by the THRP overall and specifically by the MVC program in the field. As reported last quarter, the preliminary findings for the assessment at HQ level indicated the project had developed a very good M&E system. The assessment team was able to verify all data (100%) submitted to USAID from October 2010 to March 2011 and scored the M&E system in place and related processes at 92 %. This quarter, the Measure team visited Mwanza, Dodoma and Iringa to verify if PSW are available and active and examined the local M&E system developed for reporting services provided by PSWs. The Measure team will share its findings in November 2011.

MVC baseline Assessment in Iringa. IntraHealth with technical support from Dr. Katia Peterson finalized its baseline study in three districts in Iringa (Makete, Ludewa and Njombe TC) to collect information on the existing situation of social welfare service delivery to MVC prior to project intervention. The planning and implementation of the assessment involved representatives from key MVC stakeholders in the region including the DSW, LGAs and Regional Office, and local NGOs working in the targeted districts. All three districts had formed village MVCC, however, those in Makete were very active due to ongoing UNICEF support. Districts provide numerous services for MVC, most commonly school materials, shelter (beds) and psycho-social support. Ninety percent of the villages visited have initiated funds to support community activities for sustainability. Only Njombe TC allocated budget to support MVC in FY 2010/11. None of the districts have strategies and/or plans for advocating for MVC support. The final report is currently under final review and will be available for dissemination next quarter.

MVC program annual dissemination meetings. MVC program conducted two annual review meetings in Dar es Salaam and Dodoma to share the progress and lessons learned in implementation of PSW program from October 2010 to September 2011.

The first meeting focused on participation by the numerous MVC implementing partners mostly based in Dar es Salaam to raise awareness and expand the understanding of the need for basic social welfare services in the community; and what services are provided by a PSW in the absence of professionally trained Social Workers. Assistant Commissioner (Mrs Ndyetarura) officiated the

meeting, commending THRP for its efforts to ensure that MVC receive essential psycho social support. She advised all programs to engage the LGAs at each stage of the program implementation and use the existing structure in supporting MVC for sustainability. Participants acknowledge that PSWs have increased the social workforce. In particular, PACT and AfriCare reported their use of PSWs to implement community programs in Tandahimba and Dodoma respectively. The participants recommended the program to review the criteria for selecting PSW as age and education limits entry into the program. Representatives from PAMOJA TUWALEE partners urged the project to review the cost of PSW training and shift program focus from village to ward. Participants discussed the range of volunteers found in Tanzania. They urged the government to identify, coordinate and harmonize the numerous types of community volunteers and their activities, such as Community Justice Facilitators. Para-legal volunteers, MVCC, WAJA, and PSWs doing somewhat similar activities frequently within the same community.

THRP will address the recommendations specific to the PSW program with its MVC partnership (ISW, AIHA and JAISW) and advocate for LGAs to encourage new implementing partners to use existing PSW volunteers and advocate for existing partners to use PSW in their services through district advocacy teams. The project will also advocate for inclusion of guidelines for harmonization and coordination of volunteers in the national social welfare workforce strategy (planned for 2012).

The second meeting, held in Dodoma was essentially a program review with LGA participants well familiar with the challenges of providing social welfare services and support for MVC and the village-level PSWs. 100 LGA staff from 21 LGAs supported by the project attended. The meeting was officiated by PMORALG PS Mr. Katanga. In his opening remarks, he urged the District Councils to give priority to MVC problem:

Councils have the responsibility of taking care of MVC.....by allocating some budget for MVC, Councils should institutionalize MVC initiatives without depending on donors and other projects.....the meaning of local authorities is to cater for local needs including MVC. (Mr. Katanga, Permanent Secretary-PMO-RALG).

Each region presented its annual progress in implementing the PSW program. Mwanza representatives reported the following as major project successes:

- PSWs are successfully connected with local MVC implementing organizations, e.g. 30 PSWs are working with Third Millennium, Magu District;
- PSWs and their supervisors are active members of district child protection teams formed with support from UNICEF
- PSW are resources in MVC identification exercise. 4104 MVC have been identified in Mwanza and 474 MVC have been linked with MVC implementing organizations
- Misungwi, Kwimba, and Geita districts developed community funds to support MVC needs.

Key program success from LGA voices

- PSW have increased the linkage of MVCs to services
- PSW in Dodoma and Iringa are utilized by NGOs supporting MVC for service delivery and receive incentives as part of project strategy to retain PSW
- District advocacy team efforts have resulted in the establishment of community funds and allocation of budgets in the council annual plans
- Collaboration with PACT resulted in provision of bicycles to PSW in Tandahimba
- PASONET is established in Dodoma, Mwanza and Iringa. The network provides a forum for PSW to network and mobilize resources for MVC support.

- Misungwi contributed TZS 104,000, Kwimba contributed TZS 400,000, Geita contributed TZS 3,200,000.
- All districts in Mwanza have allocated funds for MVC support in FY 2011/2012.
- Community members have more knowledge on children's right and are willing to support MVC in their coverage.

Dodoma representatives reported:

- PSWs are working in collaboration with NGO implementing partners and MVCC, for example, AfriCare has used 26 PSWs to support MVC through the PAMOJA TUWALEE program;
- In Kondoa, PSW efforts contributed to the development of community funds in six wards supporting MVC for health, food and education-related needs;
- Most village and ward governments are highly collaborative of the PSW program. They invite PSWs local meetings to share progress report and challenges encountered in supporting MVC from their communities;
- Each district has formed a PASONET branch;
- PSWs have contributed substantially to the lives of MVC through their psychosocial support and linkages for other services.

PACT representatives reported on efforts from Tandahimba, Mtwara region, where Intrahealth and PACT entered into collaboration. PSWs have simplified the process of delivering services to MVCs. PSWs linked six girls to the Mama Salima Kikwete Program for education support; PSWs were involved in the MVC identification process. PACT provided PSWs with bicycles through its Basic Needs program. PSWs have supported implementation of income generating activities to MVC household whereby 785 households benefitted from goat support.

Representatives from the Iringa region reported program successes with linking MVC with service providers, establishment of advocacy teams and mainstreaming of MVCs issues in the District action plans and budget.

The major project challenges for most LGA remains the limited number of Social Welfare Officers in LGAs, lack of incentives for motivating PSWs, lack of transport facilities for supervision, high attrition among PSWs in some wards and poor cooperation from some ward and village leaders. The MVC program will continue to work with the district via the advocacy teams to address these challenges. The project plans to enter into cost sharing agreements with districts that will enable provision of bicycles and other non-financial incentives to PSW.

Performance Indicators: A summary of project results against its quantitative targets can be found in Table 2 below. Overall the project exceeded its target for health worker pre-service trainings in training institution (H2.1 D) and PSW pre-service training program (H2.2.D) targets all project components.

Table 1: Performance – PEPFAR Indicators and Results, October 2010 – September 2011

#	Indicator	Program Area	Partner	PEPFAR Targets (Oct 10 - Sept 11)	Achievements (Oct -Dec 10)	Achievements (Jan -Mar 11)	Achievements (Apr -June 11)	Achievements (Jul –Sep 11)	% Achieved (Oct 10 – Sep11)
H2.1.D:	Number of new health care workers who graduated from a <u>pre-service</u> training institution, disaggregated by sex and cadre	HRH	AKF	20	0	15	3		90%
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	0	405	571	506	148%
			PSW Supervisors*		0	56	0	105	
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	800	586	206	396	0	149%
			PSW Supervisors*		56	42	76	0	
		HRH -CED	AKH	170	0	0	65	30	56%
		HRH	BMAF	1180	148	0	319	353	69%
		HRH	CSSC	92	0	0	0	83**	
		HRIS		100	0	0	0	14	
		HRIS	UDSM	90	0	68	124	50	269%
		M&E	M&E – IntraHealth			463	67	0	109%
PEPFAR COP 11 Targets for number of individuals participating in in-service training supported by THRP project				2100	790	779	1047	447	143%

* PSW Supervisors also attended PSW training

** The FBO facility manager were trained by BMAF in HRM training

VI. Program Management

Participatory Workplanning Process. In July THRP hosted its two-day review and planning meeting with key institutional stakeholders. This meeting replaced the regularly scheduled quarterly partners meeting to review progress and facilitate coordination across partners. The focus was to engage government stakeholders, particularly the MOHSW and PMO-RALG in project planning building on lessons learned during recent implementation.

Collaborative Meetings. Members of the THRP consortia, particularly staff from IntraHealth, BMAF and CSSC are frequently called upon for general information, to provide guidance on overarching HRH issues, or discuss opportunities for collaboration. The following table indicates the meetings, conferences and workshops (beyond those of THRP program management) and advisory guidance which THRP members have been called upon by other implementing partners or interested organizations.

Table 3: Informational and advisory meetings in which THRP partner staff participated

Date	Designation/Visitor	Purpose
21 July	Nial Crotty, TA, OD/HR LGA Reform Program II	Mutual briefing of HRH support to PMO-RALG
22 Sept	Eilish McAuliffe Director, Centre for Global Health Trinity College Dublin Sara Melo Trinity College Dublin Freddy Willa Ifakara Health Institute	IHI and Trinity College of Dublin are initiating a 3-year intervention study on supportive supervision at the facility level. The team is still identifying which districts to be covered by the project. BMAF is supporting district level supervision. The plan is to look at ways of linking the district and the facility level in supervision.

Project staffing:

- Ally Shaban, HRIS Advisor, joined IntraHealth in early August. Following a brief orientation in Dar es Salaam, IntraHealth posted him to Dodoma where he is seconded to the Department of Information, Communication and Technology of PMO-RALG.
- CSSC recruited five IT Technicians to support HRIS implantation at the CSSC zonal offices. These IT Technicians will support CSSC zone offices and health facilities in troubleshooting hardware problems, data quality control and utilization.
- UDSM hired an IT technician to staff a Help Desk in Dodoma to provide consistent technical support for the LGAs in their LGHRIS management.

Project Financial Status. By the end of September 2011, the project had expended 89% of available funding. On the last day of the fiscal year, USAID signed the next modification to the Associate Award obligating \$4,270,482 in FY11 funds bringing total funding to the limit of the project ceiling, \$18 m. The \$4.2 m incremental funding is only 73% of anticipated FY11 funds, \$5,866,259, for which the annual workplan was developed. At the current burn rate the project has only a nine- month pipeline through June 2012.

Table 4: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 30 September 2011:	\$13,729,518
Expenditures through prior quarter (through June 2011)	\$10,631,690
Expenditures this quarter (July—September 2011)	\$1,587,706
Total Expenditures through 30 September 2011 (expenditures started 1 May 2009)	\$12,219,397
Pipeline as of 1 October 2011	\$1,510,122

Technical assistance: A summary of international technical assistance during the quarter can be found in **Table 5** on the final page of this document.

VIII. PLANNED ACTIVITIES, OCTOBER—DECEMBER 2011

Support to National Level Government

HRH (BMAF and IntraHealth)

- Continue support to MOHSW for updating the 1999 staffing guideline; support MOHSW to address the recommendations from the external consultant review including harmonization of disparate efforts within the ministry;
- Strengthen HRH secretariat members on their roles and responsibilities (with MSH technical assistance);
- Finalize the multisectoral criteria for defining the underserved area and incentive package draft report and obtain inputs from key HRH stakeholders through MOHSW HRH Working Group, PMORALG and POPSM.
- Support two MOHSW secondments in their work to improve coordination of SO teams and implementation of HRSP
- Support MOHSW/PMORALG/LGA's officials in National Technical review meeting to discuss achievement and challenges on different HRM milestones (Recruitment, Retention, HR supportive supervision, Performance Management) for improving HRH situation at national and district level
- Define HRH package in collaboration with MOHSW as a reference document for district and regional planning
- Support MOHSW, Employment Secretariat & POPSM, and PMORALG to review posting letters of health workforce for effective recruitment process
- Print and distribute national orientation package to all 134 councils and 21 RHMT's for easy reference at lower level

HRIS (IntraHealth, UDSM and PMO-RALG)

- Procure HRIS equipments (LGHRIS Appliances, PCs, Printers, Scanners) for deployment to 60 LGHRIS
- Draft data-sharing agreements with MOHSW, PMO-RALG and other stakeholders of PMO-RALG
- Plan for LGHRIS deployment to 60 districts in Mwanza, Shinyanga, Mara, Kagera, Ruvuma (THRP has ongoing activities in these regions) and other regions as determined in collaboration with PMO-RALG
- Build capacity of Zanzibar District Directors and central staff in using HRIS data for decision making
- Conduct follow-up visits (DQA) to LGAs with installed HRIS to evaluate system utilization, data use, and identify gaps in data and skills (with M&E team)
- Work with other HR systems including HRHIS, DHIS, and POPSM's HCMIS to harmonize for LGA use.
- Incorporate new staffing titles-LGHRIS Software Development
- Review documentation of LGHRIS Software System
- Conduct M&E basic training for UDSM Team Members and HR Officers

Establishing a Functional Comprehensive Human Resource Information System (CSSC)

- Conduct quarterly project committee meeting
- Conduct field visit to Western for THRIS
- Install THRIS to nine hospitals
- Conduct sensitization workshop on THRIS tool to APHFTA at zone level
- Advocate the use of data personnel form to all facilities
- Conduct follow up on the accessibility and utilization of the MoHSW policy and guidelines at random selected three hospitals
- Conduct sensitization workshop on HRIS tool at selected regions level – BAKWATA
- Make follow up of the procured equipment to IH
- Strengthen HRH data collection, entry, analysis and utilization
- Train IT Technicians and Data Clerks in report generation and data verification (APHFTA, BAKWATA, CSSC)

IMA

- Finalize data flow & data utilization diagrams for partners.
- Finalize specification of reports according to type, subtype and other parameters.
- Redefine cadres, job designations, salary scales, departments, etc. according to new MoHSW Standards.
- Update all data collection tools, guidelines and/or procedures to reflect new MoHSW Standards.
- Finalize key for all coded value data element domains according to new MoHSW Standards.
- Create metadata for all data elements according to new MoHSW Standards.
- Update facility tables with new region / district locations & new facilities information.
- Document and present reporting scheme with templates, sample reports and data utilization
-

District HRH Strengthening and Development

BMAF

- Support coaching and mentoring visit to districts in Lindi and Mtwara;
- Finalize the in-depth analysis of the recruitment bottleneck study
- Support five selected districts (HC & DISP level, Dist Hospital) with identified WCI initiative to improve productivity

AKN (AKHS and AKU)

- Continue with in-service training for nurses in Iringa
- Conduct stakeholders meetings in Iringa and get their feedback on CEP
- Marketing in the private sector for inclusion of private nurses providing health care
- Conduct stakeholder meetings to obtain feedback on CEP
- Continue enrichment course classes

Developing a Cadre of Para-Social Workers (MVC Program)

- Conduct introduction and exploration visit in Mtwara region
- Conduct regional awareness meeting with regional and district leaders in Mtwara region
- Re-training of District Advocacy Teams in Mwanza and Dodoma
- Enhance councils capacity to improve M&E and advocacy mechanisms, collect data and prepare reports for the MVC program and PMORALG
- Facilitate regular review meeting with key stakeholders at each district to discuss progress and challenges encountered.
- Collaborate with PACT to expand program to Tabora, Kagera and Mara
- Harmonize M&E tools and develop a case book for PSWs data collection and reporting.
- Conduct PSW II follow up training for Iringa Municipal Council, Iringa Rural and Kilolo District Councils

Monitoring and Evaluation

- Conduct monitoring visit to assess progress in HRIS implementation and utilization in LGAs in collaboration with UDSM and CSSC
- Conduct monitoring visits in Mwanza to document progress of PSW in service provision to MVC
- Support the PMORALG to harmonize MVC reporting systems
- Support external evaluation team THRP midterm evaluation
- Initiate working climate and productivity baseline assessment in collaboration with BMAF
- Ongoing M&E technical support to partners including review assessment planning documents and reports

Capacity Building

MSH

- Finalize and disseminate the CSSC internal procurement guidelines and procedures
- Finalize and disseminate the Operations Manual for the CSSC Zonal offices
- Development of an internal filing and record keeping system for CSSC
- Organization of ICT and computer training for BMAF staff
- Provide technical assistance for HRH Strategic Objective teams to help them carry out their functions more effectively
- Facilitate the CSSC zonal annual workshop

- Printout and dissemination of the CSSC 2010 annual report.

Table 5: International Technical Assistance, July—September 2011

Visitor IntraHealth Staff (<i>unless otherwise indicated</i>)	Dates of Travel	Source of funding	Abbreviated Purpose of Visit	Focal Partner Organization/s for Visitor Support
Riitta-Liisa Kolehmainen-Aitken Liverpool Associates of Tropical Hygiene, Consultant	4—17 September	THRP	Conduct and external review of MOHSW efforts and findings to update national health staffing guidelines including: <ul style="list-style-type: none"> • Review of policy findings and the implications for human resources, • Review of the process steps and methodology of revising the staffing guidelines, • Review draft staffing norms, and • Provide specific, concrete recommendations and building capacity of the MOHSW team. 	MOHSW, BMAF
William Kiarie MSH Consultant	15—19 August	THRP	Co-facilitate TOT for district and regional HRH local experts/focal persons from the Lake Zone regions	BMAF